

Agency Name (Contractor) (Check will be made payable to the party listed below)	Contract Number
Mailing Address	Invoice Number(s)

Course Name	Date Conducted	Number of Students Per Course	Cost Per Student Per Course	Cost Extension
			\$	\$
	Total Number of Students		Total Cost of Scholarships	\$

The above information is accurate and complete according to the contract. I affirm that all items were purchased in accordance with Paragraph 3 and the time period listed in Paragraph 2 or any approved extension.

Program Director Signature	Print Name and Title	Telephone Number	Date Signed
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SUBMIT ALL FORMS AND INVOICES IN TRIPLICATE